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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number	09/885,290
Filing Date	June 19, 2001
First Named Inventor	Thomas Markson
Art Unit	2157
Examiner Name	Gregory G. Todd
Attorney Docket Number	55218-0519 (P9220-US-CIP-1)

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
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<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return receipt postcard; Request for Continued Examination Transmittal; Check in the amount of \$910.00
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<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	Remarks The Director is hereby authorized to charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 to Deposit Account Number 50-1302 Deposit Account Name: Hickman Palermo Truong & Becker LLP	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Hickman Palermo Truong & Becker LLP		
Signature			
Printed name	Craig G. Holmes		
Date	March 1, 2007	Reg. No.	44,770

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

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